



**Commonwealth of Massachusetts**  
**OFFICE OF CONSUMER AFFAIRS**  
**DIVISION OF PROFESSIONAL LICENSURE**  
**The Office of the Board of Examiners of**  
**Plumbers and Gasfitters**

**239 Causeway Street, Suite 400**  
**Boston, Massachusetts 02114**  
**PROJECT APPROVAL APPLICATION**



**APPLICATION FOR APPROVAL AUTHORIZATION TO PERFORM PLUMBING & GASFITTING**  
**WORK BY STUDENTS OF A STATE AIDED ALL DAY VOCATIONAL SCHOOL**

- **THIS APPLICATION IS TO BE SUBMITTED TO THE BOARD OF STATE EXAMINERS OF PLUMBERS AND GASFITTERS FOR APPROVAL PRIOR TO LOCAL AUTHORIZATION OF THE PROJECT**

*PLEASE NOTE: THIS APPLICATION IS NOT APPROVED UNTIL A BOARD STAMPED APPROVAL AUTHORIZATION IS RETURNED TO THE SCHOOL ADMINISTRATOR OR DESIGNEE.*

**LOCAL PLUMBING AND GASFITTING PERMITS and INSPECTIONS ARE REQUIRED**

**Name of School** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

Has this lesson been approved by the local school administration? Yes ☐ No ☐

**(A COPY OF THE ABOVE LESSON APPROVAL MUST ACCOMPANY THIS APPLICATION.)**

**Name of Licensee who is employed by the school as the Massachusetts Instructor/Department Head who will be Plumbing and/or Gas-fitting Permit Holder of Record for this Project:**

Name: \_\_\_\_\_ Journeyman License No. \_\_\_\_\_

Address: \_\_\_\_\_ Master License No. \_\_\_\_\_

Plumbing and Gasfitting Department Head: (Signature Required)

\_\_\_\_\_ Date: \_\_\_\_\_.

### **LESSON/PROJECT LOCATION INFORMATION**

**Name and Address of Parties for whom work is to be performed:** \_\_\_\_\_

\_\_\_\_\_

**Name and Address of Project Lesson Location:** \_\_\_\_\_

\_\_\_\_\_

**Type of Project Lesson:** [Briefly explain Plumbing fixture(s) and/or Gas-fitting fixture(s) appliance and equipment installation. Include: Types of materials to be used.]

\_\_\_\_\_

**If Applicable to the Anticipated Project:**

**(A COPY OF THE LOCAL BUILDING PERMIT AND PLUMBING & GAS-FITTING BLUEPRINTS/DRAWINGS MUST ACCOMPANY THIS APPLICATION.)**

1. **Type of Building:** Residential ☐ New ☐ Old ☐
2. **Number of Stories:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other ☐
3. **Basement:** Yes ☐ No ☐
4. **Main Sewer Source:** Public ☐ Private (Septic) ☐ Other ☐
5. **Main Potable Water Source:** Public ☐ Private (well) ☐ Other ☐
6. **How is the building to be occupied:** Residential ☐
7. **What is the projected date to begin the Project?**
8. **What is the projected date of completion?**

**Students Shall perform work at the project lesson site accompanied by and under the direct supervision of an Instructor who is a Massachusetts licensed plumber and gas-fitter in the employment of and authorized by the Educational Institution of record in this document.**

**Briefly Explain:**

(A) How is this Project Lesson intended to benefit the students of your Program?

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(B) How will Students be permitted to participate in the Project Lesson?

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(C) What Grade Levels will Participate in the Project?

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(D) What is the Number of projected Students Per Plumbing/Gas Fitting Instructor at the Project Lesson Site?

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Names of Additional Licensed Massachusetts Instructors for this Project:

1. \_\_\_\_\_ Journeyman License No. \_\_\_\_\_  
Master License No. \_\_\_\_\_
2. \_\_\_\_\_ Journeyman License No. \_\_\_\_\_  
Master License No. \_\_\_\_\_
3. \_\_\_\_\_ Journeyman License No. \_\_\_\_\_  
Master License No. \_\_\_\_\_

**OFFICIAL BOARD USE ONLY**

<p><b>APPROVED BY:</b> _____</p> <p><b>DATE:</b> _____</p>	<p><b>BOARD STAMP</b></p>
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